

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DAVID BROWNING

Name

(2) 3056 D Rd

Address (number and street)

Loxahatchee Groves FL 33470

City, State, Zip Code

☐ Check here if address has changed

RECEIVED

MAR 04 2016

BY: V. Walton 4:20 PM

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

☒ Candidate Office Sought: Town Council Seat 4

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

## (5) Report Identifiers

Cover Period: From 2 / 19 / 16 To 3 / 4 / 16 Report Type: G2

☐ Original

☐ Amendment

☐ Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, 40.<sup>00</sup>

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, 274.54

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 1, 390.<sup>00</sup>

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 609.08

## (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) SHARYN BROWNING

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

x Sharyn Browning  
Signature

(Type name) DAVID BROWNING

☒ Candidate ☐ Chairperson (only for PC and PTY)

x David Browning  
Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAVID BROWNING (2) I.D. Number \_\_\_\_\_

(3) Cover Period 2 / 19 / 16 through 3 / 4 / 16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
2, 25, 16	HANDWERG, NANCY 14878 19th St N Loxahatchee Groves FL 33470	I	nurse	CHE			40. <sup>00</sup>
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# **CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name DAVID BROWNING

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 2/19/16 through 3/4/16

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
3/2/16	Custom Signs Today	signs	CAN		274.54
1	2550 Okeechobee Blvd West Palm Beach, FL 33409	CAN			
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